

Ada County Family Court Services Child Support Info Sheet

Ada County Courthouse, 2nd Floor, Rm. 220A

Phone (208) 287-7600 & Email Address: fcs@adacounty.id.gov

Your Email Address: _____

Your Phone Number: _____

Petitioner's Name: _____

Respondent's Name: _____

Case Number (if applicable): _____

Date of Last Child Support Order/Modification (if Applicable): _____

	Petitioner	Respondent
Gross Income: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
Potential Income		
Workman's comp, SSI, SSDI, Veteran's Benefits, Unemployment, etc.		
Food Stamps - money received divided by people in household (ex: \$850.00 monthly / 5 people)		
Business Income / Deductions (straight-line depreciation; ½ self-employment tax)		

Health Insurance. Who provides health insurance for the child(ren)? Petitioner Respondent CHIP/Medicaid
 Cost of child(ren)'s health insurance premium \$_____. (Only include the cost for the children in this case.)

Child(ren)'s Name(s)	Birthdate	Who will claim the child on taxes?

Overnights. Number of overnights the child(ren) in this case will spend with each parent per year:

With Petitioner: _____	With Respondent: _____
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Other Children. List ALL other children of either parent.

	Child 1	Child 2	Child 3
Child's Name			
Birthdate			
Whose Child?			
Do they pay child support? If yes, write the amount.			
Does child live with them 50% or more of the time?			

